

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: _____		2 Serial/Patent # <u>30/519229</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
		6 AMOUNT	
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
		7 TOTAL AMOUNT OF REFUND	\$
		8 TO BE REFUNDED BY:	
		Treasury Check	
		Credit Deposit A/C #:	
10 REASON:		9 <input type="checkbox"/>	
Overpayment			
Duplicate Payment			
No Fee Due (Explanation):			
11 REFUND REQUESTED BY: _____			
TYPED/PRINTED NAME: _____		TITLE: _____	
SIGNATURE: _____		Nepin PHONE: 69/2065 PKIDWELL 0017014700 MM: 31728 Name Number 11519320 FC: 9204 \$500.00 CR	
OFFICE: _____		*****	
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**